



DOUGLAS COUNTY TREASURER

Adam T. Rains, Treasurer

2601 W 6th St.

Lawrence, KS 66049

785-832-5273

www.dgcoks.gov

Lienholder Name _____

Sent by County Clerk _____ Date: _____

Lienholder Address _____

Given to customer _____

Lienholder Email _____

Lienholder Fax _____

Request for original title:

The following individual(s) is/are applying for a Kansas Motor Vehicle Title and Registration. The current title is required. Please forward the original title (no copies please) to:

Douglas County Treasurer
2601 W 6th St.
Lawrence, KS 66049

Customer Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____ Email: _____

Lienholder Name: _____ Account Number: _____

VIN: _____ Year: _____ Make: _____ Model: _____

Adam T. Rains

Douglas County Treasurer

Note to Tax Payer:

You are responsible for filing this form with your lien holder or original state motor vehicle department. Please forward a copy to the Douglas County Treasurer's Office so we can notify you when the title is received.

Email: FrontLine@dgcoks.gov Fax: 785-832-0226